



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

JUN 01 2023  
EV 2023  
*[Handwritten initials]*

1. Entity ID Number 000753553		2. Exact name of the Corporation A T Appliance Repair, Inc.			
3. Principal Office Address 21 Maywood Street			City Warwick	State RI	Zip 02889
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island Appliance repair and maintenance services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Annette Geremia			Vice-President Name Annette Geremia		
Street Address 21 Maywood Street			Street Address 21 Maywood Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Annette Geremia			Treasurer Name Annette Geremia		
Street Address 21 Maywood Street			Street Address 21 Maywood Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative Annette Geremia					Date 5/28/23
Signature of Authorized Representative <i>Annette Geremia</i>					

MAIL TO:  
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